

RECORDS RELEASE AUTHORIZATION

I, HEREBY AUTHORIZE

DOCTOR'S NAME

ADDRESS

TO RELEASE TO:

TERRA LINDA PEDIATRICS, INC.
MICHAEL YAMAGUCHI, MD
SUNNY ST.GERMAIN, CPNP
4000, CIVIC CENTER DR, SUITE 201
SAN RAFAEL, CA 94903
PHONE # 415 479-8642 FAX # 415 479-2434

CURRENT OVERALL HEALTH AND IMMUNIZATION RECORDS

FOR MY CHILD/CHILDREN:

NAME _____ DOB: _____

NAME _____ DOB: _____

NAME _____ DOB: _____

SIGNATURE: _____